

DOI - Rick Montoya  
Larry Morgan  
D34

- Rudolph wants DD on Interagency  
Working Group on Compact

# MARSHALL ISLANDS PROGRAMS BRIEFING

Harry Brown, A/MOCO

January 1986

1/15/86 - Harry Brown, Asst. to Mgr. for Off-Continent Operation

Attendees: Larry Forsyth  
John Rudolph  
Trish Chio  
Joe Muckie  
Jack Forsyth

- Appra for Micronesian Status Negotiation (OMSN)  
phasing out (Jim Burg)

- Compact to U.N. for review

- OMB writing Executive Order as to when to give

- DOI probably will get funds to disperse

see John Rudolph's files

BRIEFING/DISCUSSION ON MARSHALL ISLANDS PROGRAMS WITH DP

Harry Brown, Assistant to the Manager for Off Continent Operations, NV

January 15, 1986

I. CURRENT DOE MARSHALL ISLANDS PROGRAMS (FY 86)

- A. Medical - Under PL 95-134, DOI has the responsibility to provide health care to people affected by our nuclear testing in the Marshalls, while DOE has the honor of funding this responsibility. In fact, DOE does both the work and pays for it.

With a DOE/PASO chartered ship (MV Liktanur III) we take medical teams twice a year to the islands of Uterik, Mejato, Majuro, and Ebeye where the bulk of the 174 remaining exposed and a like number of a control population live. We provide complete examinations onboard geared toward finding malignancies. The ship is equipped with a laboratory and specialized x-ray equipment. Any special treatment or further diagnosis for what might be "radiation relatable" is provided by DOE in Honolulu or the US mainland. The general population of the outer islands is offered sick call, advice, treatment, etc., while the team is on island. BNL has a full time staff of four people in New York who keep records updated, perform special analysis, stay current on health physics/radiation medicine, analyze data and plan and recruit largely volunteer physicians for future trips.

Through June 1986, BNL has a resident physician, a Marshallese nurse, and a Marshallese laboratory technician working on Ebeye Island at Kwajalein to provide interim assistance and follow up to these patients. Because of

the advent of the DOI Four Atoll Health Care Program, run by John Short and Associates who will provide upgraded primary health care to the exposed and other people, we plan now only one part time Marshallese person at Ebeye to be a medical liaison between John Short and BNL, particularly to ensure medications are available and taken, for medical referrals outside the Marshalls, and to keep records current.

- B. Environmental (LLNL) - Livermore's main mission has been to sample the environment throughout the northern Marshalls and formulate dose assessments based on expected diets and lifestyles of the people living there or who might be relocated back.

In 1985 DOI (BARC) and DOE (LLNL) joined forces to accelerate the experiments designed by either reducing the inventory of radionuclides or blocking them from entering the food chain, ultimately to reduce dose thus to provide more options for the resettlement of Bikini Atoll. The results will obviously affect other areas, notably Enjebi and several other agriculture islands in the northern part of Enewetak.

- C. Bioassay (BNL) - Through 1986 we have monitored the Rongelap, selected Bikinians, and the resettled Enewetak populations to ensure that they were within the Federal Radiation Guidelines. Now we are winding up a sophisticated plutonium analysis and really contemplate further WBC missions only in conjunction with possible resettlement of Bikini.

To maintain the five employees at BNL, to provide Pu analysis and one mission a year costs about \$500K. This appears to be a service that RMI might request and fund down the line.

D. Logistical Support (PASO) - Under the general guidance of NV, PASO through H&N utilizes a very well developed logistics delivery system. This is in place primarily for Safeguard C [REDACTED] to support our partnership with DNA at Johnston Island, but the skills have been forged during the Enewetak cleanup project, the Northern Marshalls Radiological Survey, the Enewetak Crater Drilling and Seismic project, and the many years supporting DOE missions at remote sites all over the western Pacific. About half the costs are directly relatable to a vessel charter (with crew), fuel, and related support. The network in place at Honolulu, Kwajalein, Enewetak, Bikini and Majuro consists of "seasoned hands". All are joined by a reliable HF radio link.

## II. COMPACT COMMITMENTS BY US

- A. Bikini - As part of the settlement of a lawsuit, the US has agreed to essentially make every reasonable effort to make Bikini habitable and to resettle the transient population. Funds are authorized. What must happen now is the BARC will make its report to Congress (end of FY86), acceptance of that report by the Bikini people, the development by the US of a resettlement plan, blessed by the Bikinians. This plan will to a large extent reflect the radiological assessment work done by LLNL, expected to be completed in FY 1988.
- B. Enjebi Island (Enewetak) - Upon request from RMI, the US will provide an updated dose assessment and advise on conditions of resettlement.
- C. Special Medical Care with Logistical Support to Remaining 174 Exposed Rongelap and Uterik People  
DOE through BNL has been providing this care since the 1950s, now formalized under PL No. 95-134. Highly specialized medical personnel

provide the special protocol required to monitor these patients.

It is clear that the current Four Atoll Health Care Program (John Short and Associates under contract to DOI) does not have nor plans to acquire the necessary tools to carry this out.

### III. Who Carries Out Commitments?

This is very subjective and there are varying opinions both inside and outside of DOE. It is argued that DOE should not be in the medical business (at least DP); that the program is small by dollar standards but highly visible (and therefore detrimental) politically; that it has no relevance to DP program interests; that bioassay work can be contracted out to one of several companies or EPA; that technically many DOE obligations end simultaneous with Compact implementation.

ALL OF THE ABOVE IS EITHER FULLY OR PARTIALLY VALID.

On the other side of the coin we have:

1. DOE currently has a well run medical program through BNL.
2. DOE has environmental programs in place that are producing credible, solid results (witness the vindication of our Bikini and Enewetak data and conclusions after review by "independent scientists").
3. DOE has a seasoned logistics network in place.
4. Most relevant is the fact that DOE and the laboratories have people with unique program knowledge, not readily transferrable, built up over many years of work and contact with people of a society very foreign to most other Americans.
5. Somboddy's Gotta Do It! At least for the next several years a vessel and a logistics support base will be necessary. Does it make economical sense to change at this time? While the funding sources are not clear for every program it is probably in the US Government's overall best

interest and most certainly more beneficial for the RMI to continue DOE involvement at least through decision making time for Enjebi and Bikini. For as long as DOE has a multi-purpose vessel and the support network in the Pacific, the same holds for the medical program. The DOE program people have skills and knowledge that are not readily transferrable. This knowledge is now at the HQ, NV, and Pacific levels.

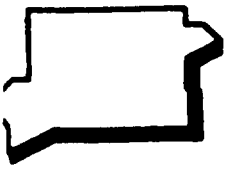
IV. Estimated Maximum Costs to DOE (OH HOW PRELIMINARY)

|       |          |
|-------|----------|
| FY 87 | \$2,000K |
| 88    | \$2,000K |
| 89    | \$1,000K |
| 90    | \$1,000K |
| 91    | \$1,000K |

This assumes that the medical program will be funded by DOI (including vessel and other logistical support) and the bulk of all Bikini, Enjebi and bioassay work after FY 1988 will be funded either through DOI or by RMI "buy back" technical assistance.

If DOE has no unilateral program interest in any element of Marshall Islands Programs, it is entirely possible that any and all DOE work, whether medical or environmental, will be done on a reimbursable basis.

Attachments:  
Hard copy of viewgraphs



## CURRENT DOE MARSHALL ISLANDS PROGRAM

FY 1986

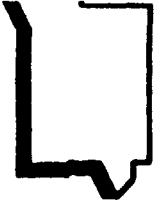
*DOE plans to receive WHH health care.  
& provide limited support to  
John Grant*

### MEDICAL (BY BROOKHAVEN NATIONAL LAB)

AUTHORITY: PL 95-134

- TWO ANNUAL SHIP SUPPORTED MISSIONS TO MAJURO, EBEYE, UTERIK AND MEJATO TO EXAMINE AND TREAT EXPOSED AND CONTROL POPULATION
- FUND "RADIATION RELATABLE" MEDICAL REFERRALS AMONG EXPOSED POPULATION, OUTSIDE MARSHALL ISLANDS
- MAINTAIN A RESIDENT PHYSICIAN, NURSE AND LAB TECH ON KWAJALEIN FOR FOLLOW UP OF EXPOSED PATIENTS

FY 86 COST      \$1.2 MILLION



FY 1986

5 employees

**BIOASSAY** (BY BROOKHAVEN NATIONAL LABORATORY)

TO VERIFY DOSE PREDICTIONS AND ENSURE POPULATIONS WITHIN NATIONAL AND INTERNATIONAL STANDARDS

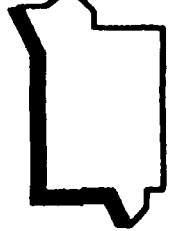
*only if resettled.*

- PERFORM WHOLE BODY COUNTING FOR RESETTLED ENEWETAK POPULATION, AND BIKINIANS WHO RESIDED ON BIKINI IN THE 1970'S
- PLUTONIUM ANALYSIS OF URINE SAMPLES

COST      \$500K

*Cesium 137  
is biggest problem —  
not plutonium*





FY 1986

## ENVIRONMENTAL (BY LLNL)

*how will this work?*

- FOUR SHIP SUPPORTED MISSIONS TO BIKINI FOR JOINT DOE/BIKINI ATOLL REHAB, COMMITTEE (BARC) EFFORTS TO CHARACTERIZE THE RADIOLOGICAL CONDITIONS, DEVELOP METHODS TO REDUCE UPTAKE OF RADIONUCLIDES IN FOOD CHAIN, AND GIVE RADIOLOGICAL ADVICE RELATIVE TO PLAN FOR ATOLL RESETTLEMENT
- DEVELOP AND REFINE DOSE ASSESSMENTS
- TWO MISSIONS TO ENEWETAK TO SAMPLE ENJEBI AND OTHER NORTHERN ISLANDS FOR DOSE CALCULATION PURPOSES
- MAINTAIN DATA BANK ON ALL AVAILABLE INFORMATION ON RADIOLOGICAL DATA PERTAINING TO THE MARSHALLS

*BARC. required to submit Rpt to Congress and FY86*

|      |      |                |
|------|------|----------------|
| COST | DOE  | \$ 1.5 MILLION |
|      | BARC | .8 MILLION     |
|      |      | \$ 2.3 MILLION |

*funded thru FY86*

## SUPPORT TO DOE MISSIONS

FY 1986

BY DOE PACIFIC AREA SUPPORT OFFICE (PASO) USING DOE SUPPORT CONTRACTOR,  
HOLMES & NARVER, INC.

- CHARTER SHIP (LIKTANUR III)
- MAINTAIN FIELD CAMPS AT ENEWETAK AND BIKINI
- PROVIDE PROCUREMENT SERVICE, PACKING AND SHIPPING, MEDICAL REFERRAL ASSISTANCE, PROGRAM PLANNING, TRANSPORTATION, EQUIPMENT MAINTENANCE, AND ALL OTHER LOGISTICAL SUPPORT

COST \$ 1.3 MILLION

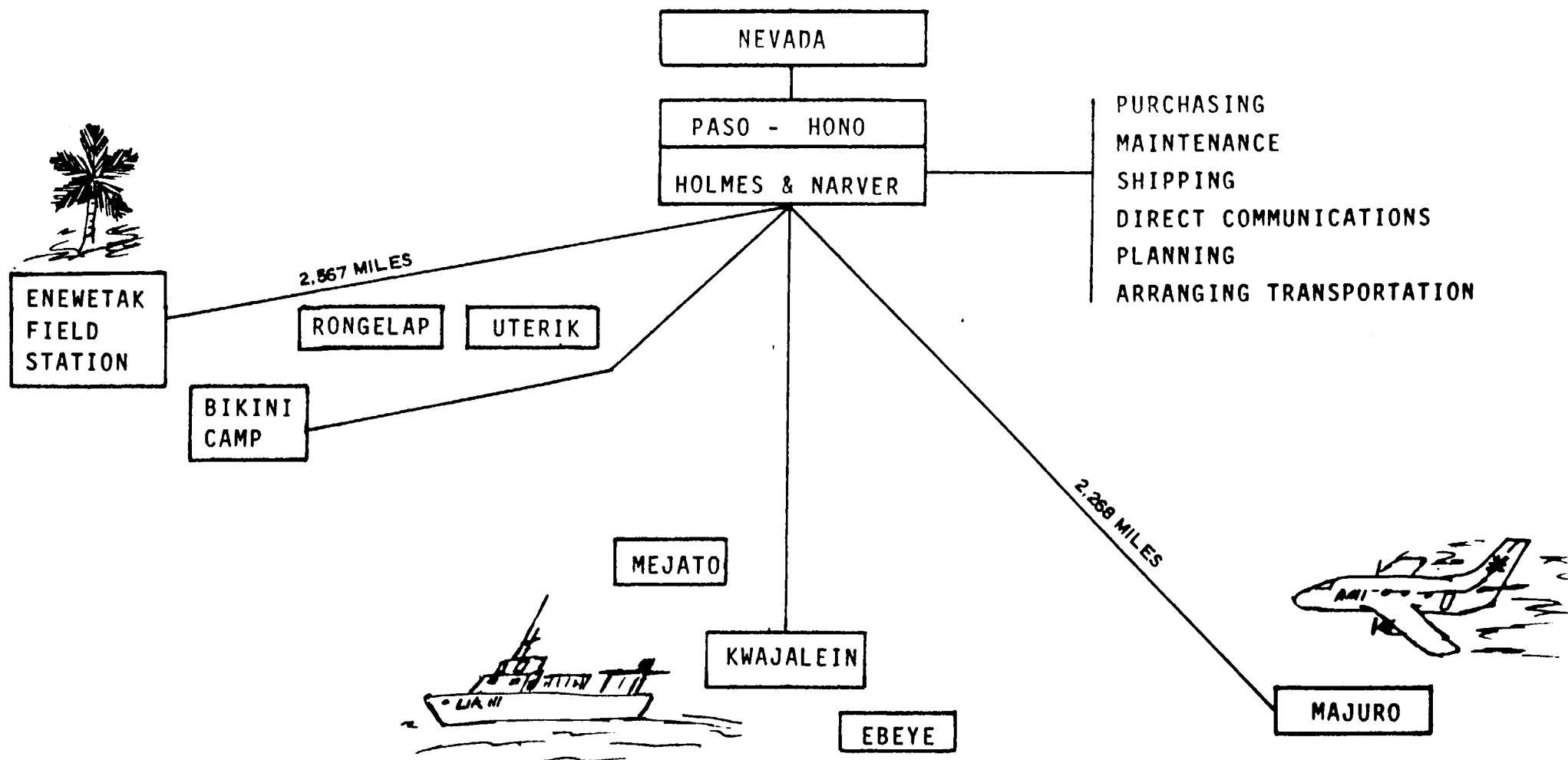
*about 1/2 for ship*

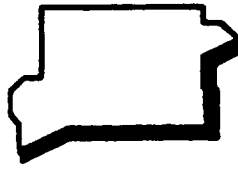


## TOTAL FY 86 DP COSTS FOR MARSHALL ISLANDS PROGRAMS

|                             |                |
|-----------------------------|----------------|
| MEDICAL (BNL)               | \$ 1.2 MILLION |
| BIOASSAY (BNL)              | .5             |
| ENVIRONMENTAL (LLNL)        | 1.5            |
| LOGISTICAL SUPPORT PASO/H&N | 1.3            |
|                             | <hr/>          |
|                             | \$ 4.5 MILLION |

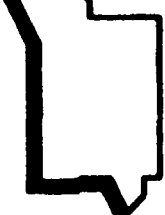
## HOW DOE OPERATES





## **NV/PACIFIC SUPPORT ASSETS**

- DOE PACIFIC AREA SUPPORT OFFICE WITH CONTRACTOR (HOLMES & NARVER) IN PLACE IN HAWAII PRIMARILY TO SUPPORT SAFEGUARD C
- FULL PROCUREMENT, STORAGE, CRATING AND SHIPPING, TRANSPORTATION AND COMMUNICATIONS NETWORK THROUGH PACIFIC
- LONG TERM SUPPORT SYSTEM AT KWAJALEIN MISSILE RANGE
- MAJURO OFFICE
- VESSEL WITH HIGHLY TRAINED CREW
- KNOWLEDGE AND GOOD WORKING RELATIONSHIP WITH MARSHALLS GOVERNMENT OFFICIALS, OUTER ISLAND POPULATIONS AND THE "SYSTEM"
- DOE PERSONNEL TO REPRESENT U.S. ON SENSITIVE MISSIONS
- UNIQUE KNOWLEDGE IN UNIQUE PROGRAM AREA

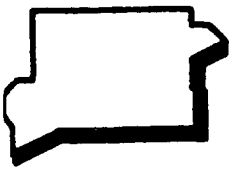


## U.S. COMPACT COMMITMENTS

(AS THEY RELATE TO CURRENT DOE PROGRAMS)

- SPECIAL HEALTH CARE (INCLUDING LOGISTICAL SUPPORT) FOR REMAINING EXPOSED PEOPLE (AUTHORIZES \$22.5 MILLION FOR 11 YEARS)
- REHABILITATION AND RESETTLEMENT OF BIKINI ATOLL (AUTHORIZES FUNDING)  
*(next steps/settlement plan will be based on BAKC Report to Congress)*
- RESETTLEMENT OF ENJEBI ISLAND ON ENEWETAK IF "SAFE" (\$2.5 MILLION to DDI APPROPRIATED IN FY 86; \$7.5 MILLION AUTHORIZED) (REPORT WITHIN ONE YEAR ON WHEN PEOPLE CAN RESETTLE)
- RESTORE HABITABILITY OF RONGELAP IF WARRANTED
- CONTINUE ENEWETAK FOOD, AGRICULTURE AND MOTOR SAILER SUPPORT

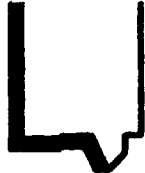
*Final settlement  
not until ~1991  
settlement plan  
in 1988*



**DOE-Nevada Operations**

**WHO DOES IT?**

**WHY?**



## DOE-Nevada Operations

### WHO

### HOW LONG

MEDICAL

DOE/DP/BNL

11 YEARS FOR STARTERS

BIOASSAY

DOE/DP/BNL WITH RMI  
FUNDING BY RMI REQUEST

DOE FUNDS COMPLETION OF PLUTONIUM  
ANALYSIS THROUGH FY 87; THEREAFTER ALL  
WORK REIMBURSABLE

ENVIRONMENTAL

DOE/DP/LLNL

THROUGH FY 1988 TO COMPLETE BIKINI  
AND ENEWETAK ASSESSMENTS; THEREAFTER  
AS NECESSARY AND FUNDED BY OTHER  
SOURCES AS PART OF RESETTLEMENT  
PROGRAMS

LOGISTICAL SUPPORT

DOE/DP/PASO

INDEFINITE; FUNDING ALL FROM  
APPROPRIATIONS ARISING FROM COMPACT  
AUTHORIZATION, SEPARATE RESETTLEMENT  
APPROPRIATIONS OR OTHER REIMBURSABLE  
SOURCE



## WHY?

- FIRST RATE MEDICAL PROGRAM IN PLACE OVER PAST 8 YEARS AND RMI HAS REQUESTED TO THE U.S. THAT DOE CONTINUE. THERE IS NO ORGANIZATION READY AS SUBSTITUTE.
  - SPECIALIZED AND ONGOING ENVIRONMENTAL PROGRAM WITH CENTRAL DATA BANK.
  - PEOPLE WHO HAVE UNIQUE KNOWLEDGE AND WHO HAVE GAINED CONFIDENCE AND TRUST OF MARSHALLS PEOPLE OVER MANY YEARS (IN SPITE OF PRESS TO THE CONTRARY!)
  - THE COMPACT SETTLES "HEAVY POLITICS" AND PROVIDES SEPARATE AUTHORIZATIONS WHICH SHOULD THEREFORE NOT ADVERSELY IMPACT DEFENSE PROGRAMS.
  - DP OVERSIGHT AND NV MANAGEMENT HAS PROVEN EFFECTIVE.
- \*\* THE WHEEL CAN BE REINVENTED BUT AT WHAT PRICE AND WHO PAYS THAT PRICE??**
-



## ONE VIEW OF POST COMPACT OBLIGATIONS

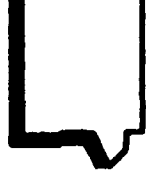
- DOE PROVIDES SPECIAL HEALTH CARE AND EXAMINATIONS FOR THE EXPOSED, INCLUDING MEDICAL REFERRALS OUTSIDE THE MARSHALLS
- DOE PROVIDES VESSEL AND OTHER LOGISTICAL SUPPORT TO MEDICAL PROGRAM
- DOE THROUGH LLNL PROVIDES AN UPDATED RADIOLOGICAL ASSESSMENT OF ENJEBI BY SEPTEMBER 30, 1987
- DOE/LLNL COMPLETES ANALYSIS WORK IN FY 1988 AND FORMULATES UPDATED DOSE ASSESSMENTS FOR A RESETTLED BIKINI POPULATION AND FUNDING WILL BE DOE'S THROUGH FY 1988
- DOE/LLNL WORK ON BIKINI BEYOND FY 1988 WILL BE FUNDED AS PART OF THE OVERALL BIKINI RESETTLEMENT PROGRAM
- RMI THROUGH COMPACT FUNDING WILL HELP OFFSET LLNL COSTS TO MAINTAIN THEIR CAPABILITY TO CONTINUE ANY BIKINI, ENEWETAK OR OTHER SAMPLING AND ANALYSIS IN FY 1989 AND BEYOND



## PROPOSED DOE RUN PROGRAMS FY 1987-91

(K)

|   | <u>FY 87</u>   | <u>FY 88</u> | <u>FY 89</u>                             | <u>FY 90</u> | <u>FY 91</u> |
|---|--|--------------|--|--------------|--------------|
| MEDICAL PROGRAM                             | 800  | 840          | 840                                      | 840          | 840          |
| ● ONE MAJOR TRIP                            | (FUNDS APPROPRIATED TO DOI?)                           |              |  |              |              |
| ● REFERRAL FOR EXPOSED<br>OUTSIDE MARSHALLS |  |              |  |              |              |
| ● MAINTAIN BNL<br>STAFF 4 FTE               |  |              |  |              |              |
| ENVIRONMENTAL (LLNL)                        | 1,500  | 1,500        | UNKNOWN                                  | UNKNOWN      | UNKNOWN      |
| ● MAINTAIN 8 FTE                            |  |              | (PROBABLY UNDER SEPARATE RESETTLEMENT    |              |              |
| ● BIKINI                                    |  |              | FUNDING)                                 |              |              |
| ● ENEWETAK                                  |  |              |  |              |              |
| BIOASSAY                                    | 200  | 200          | (FUNDED BY RMI AS REQUESTED AFTER FY 88) |              |              |
| LOGISTICAL SUPPORT                          | 1,300  | 1,370        | 1,370                                    | 1,370        | 1,370        |
|   | (1000 APPROPRIATED TO DOI TO SUPPORT MEDICAL PROGRAM?) |              |  |              |              |



## KEY ASSUMPTIONS

- U.S. BIKINI AND ENJEBI COMMITMENTS EXTEND TO INCLUDE DOE COMPLETION OF CURRENT RESEARCH AND EXPERIMENTS TO PROVIDE BEST POSSIBLE ASSESSMENTS.

(THROUGH FY 1988)

- U.S. HEALTH CARE COMMITMENTS FOR EXPOSED POPULATION WILL CAPITALIZE ON EXISTING PROGRAM RESOURCES FROM BOTH A PERFORMANCE AND COST VIEWPOINT.



## WHAT DOE MUST NOW DO

- ESTABLISH A DEPARTMENTAL POSITION ON PROGRAMS WE BELIEVE WE SHOULD DO, WE WOULD RATHER NOT DO, WE WOULD DO ONLY UNDER DURESS, WE WOULD FALL ON OUR SWORDS BEFORE DOING
- BEGIN DIALOG WITH RMI TO REVIEW WHAT PROGRAMS ARE CURRENTLY IN EFFECT: DETERMINE THOSE THAT THEY SHOULD CONTINUE AND FUND; AND EXPLORE THE ENTITY AND MEANS TO BEST CARRY THEM OUT